

COMMODITY SUPPLEMENTAL FOOD PROGRAM

CSFP ELIGIBILITY NOTIFICATION

Name: _____ SSN: _____

Dear: _____

☐ Your application to participate in the Commodity Supplemental Food Program has been approved effective _____. You are eligible to receive a monthly food package beginning in the month of _____. You may pick up your food package on _____ between the hours of _____ and _____ at _____.

It is very important that you pick up your food package each month. You must present some form of identification when you come to obtain your food such as a driver's license, social security card, voter registration card, etc... If you have designated someone as your Authorized Representative, that person may pick up your monthly food for you if you have granted him/her permission to do so. Failure to pick up your monthly food package may result in termination from the program.

☐ You have been determined eligible for participation in the Commodity Supplemental Food Program effective _____. Due to the maximum caseload limit, you will not receive a monthly food package at this time but will be placed on a waiting list effective the above date. If a slot becomes available someone from this office will contact you with instructions regarding picking up your monthly food package.

☐ Your application for participation in the Commodity Supplemental Food Program has been denied due to the following reason(s):

You are encouraged to reapply for participation in the Commodity Supplemental Food Program in the event that any change occur in your circumstances which you feel may make you eligible for the program.

CSFP Staff Signature

Phone

Notice Date

If you do not agree with the decision made in your case, you may request a fair hearing. A request for a fair hearing may be made orally or in writing by contacting the Kentucky Department of Agriculture Division of Food Distribution, 107 Corporate Drive, Frankfort, KY 40601.